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|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>CNAC-125876970</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Continental Casualty Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>08-F2249</i> | | |
| <i>TOI:</i> | <i>17.0 Other Liability - Claims Made/Occurrence</i> | <i>Sub-TOI:</i> | <i>17.0019 Professional Errors & Omissions Liability</i> |
| <i>Product Name:</i> | <i>Real Estate Professional Errors & Omissions Program</i> | | |
| <i>Project Name/Number:</i> | <i>Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249</i> | | |

Filing at a Glance

Company: Continental Casualty Company

Product Name: Real Estate Professional Errors & Omissions Program

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Co Tr Num: 08-F2249

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Author: John Lockhart

Disposition Date: 11/13/2008

Date Submitted: 10/30/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Discrimination and EPL Claims Limits of Liability
Endorsement

Status of Filing in Domicile: Pending

Project Number: 2008F2249

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/13/2008

State Status Changed: 11/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement for use with the Real Estate
Professionals Errors & Omissions Program

SERFF Tracking Number: CNAC-125876970 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2249
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Real Estate Professional Errors & Omissions Program
Project Name/Number: Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249

Company and Contact

Filing Contact Information

John Lockhart, Regulatory Filings Technician john.lockhart@cna.com
40 Wall Street (877) 269-3277 [Phone]
New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois
40 Wall Street Group Code: 218 Company Type:
9th Floor
New York, NY 10005 Group Name: State ID Number:
(212) 440-3478 ext. [Phone] FEIN Number: 36-2114545

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: eft
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------|---------|----------------|---------------|
| Continental Casualty Company | \$50.00 | 10/30/2008 | 23579527 |

SERFF Tracking Number: *CNAC-125876970* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
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Project Name/Number: *Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249*

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Edith Roberts | 11/13/2008 | 11/13/2008 |

SERFF Tracking Number: *CNAC-125876970* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
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Project Name/Number: *Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249*

Disposition

Disposition Date: 11/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125876970 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2249

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Real Estate Professional Errors & Omissions Program

Project Name/Number: Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Forms Filing Memorandum | Approved | Yes |
| Form | Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement | Approved | Yes |
| Form | New Business Quick Application | Approved | Yes |

SERFF Tracking Number: CNAC-125876970 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2249

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Real Estate Professional Errors & Omissions Program

Project Name/Number: Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|-----------------|--------------|--------------------------------------|----------------------|-------------|--|
| Approved | Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement | GSL2770 XX | 05/2008 | Endorsement/New Amendment/Conditions | | 0.00 | GSL2770XX_052008_Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement.pdf |
| Approved | New Business Quick Application | GSL1184510/2008 | | Application/New Binder/Endorsement | | 0.00 | GSL11845_102008_New Business Quick Application.pdf |



DISCRIMINATION AND EMPLOYMENT PRACTICE LIABILITY CLAIMS LIMITS OF LIABILITY ENDORSEMENT

In consideration of the additional premium paid, it is agreed that the following amendments are made to the policy:

1. Section I. INSURING AGREEMENT, A. Indemnity is amended to add the following new coverage agreement:

- Indemnity

We will pay all amounts in excess of the deductible and within the limits of liability applicable to this Policy, that the **Insured** becomes legally obligated to pay as **damages** as a result of a **claim** brought by or on behalf of:

1. an **employee** for a **wrongful employment practice**; or
2. a natural person customer or client for **wrongful discrimination**.

Provided that on the First Coverage Date shown on the Declarations, no **Insured** knew or could reasonably have expected that any **wrongful employment practice** or **wrongful discrimination** would result in a **claim**.

A **claim** must be first made during the **policy period** and must be promptly reported to us in accordance with Section VI, Conditions, paragraph B.

2. For the purposes of the coverage provided by this Endorsement, Section III., LIMITS OF LIABILITY/ DEDUCTIBLE, E. Discrimination Limit of Liability – **claim expenses** only is deleted and replaced by the addition of the following new paragraph:

Discrimination Limits of Liability – applicable to **Wrongful Discrimination Claims** and **Wrongful Employment Practices Claims**

The Discrimination Limits of Liability, as set forth in the Declaration, are applicable to **damages** and **claim expenses** with respect to all **wrongful discrimination claims** and to all **wrongful employment practices claims** made against an **Insured**. The Discrimination Limits of Liability are sublimits included within, and not in addition to the limits of liability set forth in item 3.A. of the Declarations.

3. Solely as respects the coverage afforded under this endorsement, Section IV., DEFINITIONS is amended as follows:

- A. The definition of **Claim** is deleted in its entirety and replaced with the following:

Claim means:

1. a written demand for monetary damages;
 2. a civil proceeding in a court of law or equity or an arbitration seeking monetary or non-monetary relief; or
 3. an administrative or regulatory proceeding including an investigation by a regulatory or administrative agency, such as the Equal Employment Opportunity Commission or its state or local equivalent,
- against any **Insured** for a **Wrongful Act** and any appeal from such **Claim**.

However, **Claim** does not include any:

- a. labor or grievance arbitration or other proceeding pursuant to a collective bargaining agreement,
- b. audit conducted by the Office of Federal Contract Compliance Programs unless a Notice of Violation or Order to Show Cause or written demand for monetary relief or injunctive relief has been issued.



B. The definition of **Damages** is amended by the addition of the following:

Damages also do not include:

- the cost of any non-monetary relief, including without limitation any costs associated with compliance with any injunctive relief of any kind or nature imposed by any judgment or settlement;
- the costs associated with providing any reasonable accommodations required by, made as a result of, or to conform with the requirements of the Americans With Disabilities Act and any amendments thereto or any similar federal, state or local statute, regulation, or common laws.
- compensation earned by the claimant in the course of employment but unpaid by the **Insured**, including salary, wages, commissions, bonus or incentive compensation, hourly pay, overtime pay, severance pay, retirement benefits, vacation days or sick days;
- any amounts for which an **Insured** is liable due to breach of any written contract of employment;
- amounts representing medical or insurance premiums or benefit claim payments;
- any amount for which an **Insured** is absolved from payment by reason of any covenant, agreement or court order;
- future salary, wages or commissions of a claimant who is hired, promoted or reinstated to employment pursuant to a settlement of, order in, or other resolution of any **Claim**; or
- **Stock Benefits** or **Employment Related Benefits**.
- any amounts owed under an express contract with or express severance obligation of the **Insured**;

C. The following new definitions are added:

Employee means all past, present or future full-time or part-time employees of the **Named Insured**, applicants for employment with the **Named Insured**, and **Independent Contractor Sales Agents**.

Employment Related Benefits means perquisites, fringe benefits, deferred compensation or payments (including insurance premiums) in connection with an employee benefit plan and any other payment to or for the benefit of an employee arising out of the employment relationship. **Employment related benefits** shall not include salary, wages, commissions, or non-deferred cash incentive compensation.

Independent Contractor Sales Agents means licensed real estate agents and brokers who perform **professional real estate services** under an agency agreement with the **Named Insured** but only if: such independent contractor has a written contract with the **Named Insured**, entered into prior to the alleged **Wrongful Employment Practice**, designating him or her as an independent contractor, and under which the **Named Insured** is obligated to provide employment practices liability insurance or to indemnify for any **Wrongful Employment Practice**;

Interrelated Wrongful Acts means any **Wrongful Acts** which are logically or causally connected by reason of any common fact, circumstance, situation, transaction or event.

Professional real estate services claim means a **claim** by reason of any act or omission in the rendering of **professional real estate services**.

Stock Benefits means

1. any offering plan or agreement between the **Named Insured** and any employee which grants stock, stock warrants or stock options of the **Named Insured** to any such employee, including but not limited to grants of stock options, restricted stock, stock warrants, performance stock shares, or any other compensation or incentive granted in the form of securities of the **Named Insured**; or
2. any payment or instrument the amount or value of which is derived from the value of securities of the **Named Insured**, including but not limited to stock appreciation rights or phantom stock plans or arrangements.

Stock Benefits shall not include employee stock ownership plans or employee stock purchase plans.



Wrongful Act means a **wrongful employment practice** or **wrongful discrimination**.

Wrongful Discrimination means any act or omission constituting or relating to discrimination, humiliation, harassment, or misconduct that includes but shall not be limited to an individual's race, creed, color, age, gender, national origin, religion, disability, marital status or sexual preference, whether committed directly, indirectly, intentionally or unintentionally.

Wrongful Discrimination Claim means a claim by reason of wrongful discrimination. A wrongful discrimination claim does not include a professional real estate services claim.

Wrongful Employment Practice means any act or omission constituting or relating to:

1. wrongful dismissal or discharge or termination of employment, whether actual or constructive;
2. employment-related misrepresentation;
3. violation of any federal, state or local laws (whether common-law or statutory) concerning employment or discrimination in employment, including but not limited to the Americans with Disabilities Act of 1992, the Civil Rights Act of 1991, the Age Discrimination in Employment Act of 1967, Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1866 and the Sarbanes-Oxley Act of 2002;
4. sexual harassment or other unlawful harassment;
5. wrongful deprivation of career opportunity, failure to grant tenure, demotion, or failure to employ or promote;
6. wrongful discipline;
7. retaliation.
8. negligent evaluation of **employees**;
9. failure to adopt adequate workplace or employment policies and procedures;
10. employment-related libel or slander, humiliation or invasion of privacy; or
11. with respect to any of the foregoing items (1) through (10) of this definition: negligent hiring, retention, training or supervision, failure to provide or enforce adequate or consistent corporate policies and procedures, or violation of an individual's civil rights.

Wrongful Employment Practices Claim means a **claim** based on or arising out of a **wrongful employment practice**. A **wrongful employment practices claim** does not include a **professional real estate services claim**.

4. Solely as respects a **Wrongful Employment Practices Claim**, Section V., EXCLUSIONS, is amended as follows:
 - A. Exclusions A. is amended by the addition of the following:

except that this exclusion shall not apply to allegations of emotional distress, humiliation or mental anguish;
 - B. Exclusion G. is deleted in its entirety.
 - C. The following new exclusion is added:
 - based on, arising out of, or in any way related to, failure of the claimant to be afforded partnership status or any other equity participation in the **Named Insured**.
 - for any actual or alleged violation of:
 - a. i) ERISA or any similar Act, (ii) the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, or (iii) any other federal, state or local statutory law or common law anywhere in the world governing any employee benefit program, policy, plan or arrangement of any type, including but not limited to laws governing retirement or pension benefit programs, welfare plans, insurance plan, employee stock option ownership or employee stock purchase plans or deferred compensation programs;



- b. any law governing workers' compensation, unemployment insurance, social security, disability benefits or any other similar federal, state or local statutory or regulatory law or common law anywhere in the world;
- c. the Occupational Safety and Health Act of 1970 (OSHA), as amended, or any other federal, state or local statutory or regulatory law or common law anywhere in the world governing workplace safety and health;
- d. the Fair Labor Standards Act (except the Equal Pay Act), as amended, or any other federal, state or local statutory law or common law anywhere in the world governing wage, hour and payroll policies;
- e. the Workers' Adjustment and Retraining Notification Act, Public Law 100-379 (1988), as amended, or any other federal, state or local statutory or regulatory law or common law anywhere in the world governing an employer's obligation to notify or bargain with others in advance of any facility closing or mass layoff.
- f. the National Labor Relations Act, as amended, or any other federal, state or local statutory or regulatory law or common law anywhere in the world governing employees' rights and the employers duties with respect to unions, bargaining, strikes, boycotts, picketing, lockouts or collective activities.

However, this exclusion shall not apply to any **claim** alleging retaliation or wrongful dismissal or discharge or termination of employment whether actual or constructive, because of a claimant's exercise of a right pursuant to any such laws;

- based on or arising out of disputes over commissions or the ownership or maintenance of client lists, real estate listings or websites.
- based upon or arising out of:
 - a. any **Wrongful Act** or any matter, fact, circumstance, situation, transaction, or event, notice of which was given by an **Insured** under any policy of which this Policy is a direct or indirect renewal or replacement ; or
 - b. any other **Wrongful Act** whenever occurring, which, together with a **Wrongful Act** described in a. above, would constitute an **Interrelated Wrongful Act**;
- based upon or arising out of or constituting:
 - a. civil proceeding in a court of law or equity or arbitration;
 - b. administrative or regulatory proceeding including an investigation by a regulatory or administrative agency;
 - c. any notice of violation or order to show cause resulting from an audit conducted by the Office of Federal Contract Compliance Programs;against any of the **Insureds** which was pending on or prior to _____ or any fact, circumstance, situation, transaction or event underlying or alleged in such demand, proceeding, investigation, order or arbitration;

5. For the purposes of the coverage provided by this Endorsement, whenever the words "act or omission" appear in Section VII. **EXTENDED REPORTING PERIOD** they shall be deemed to include a **wrongful employment practice**.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)



NEW BUSINESS QUICK APPLICATION

* USE THIS APPLICATION IF

- 1) Your firm is at least 90% Residential Sales with a Total Commission Income of \$2,500,000 or less, AND
- 2) Your firm has not provided appraisal or mortgage brokerage services in the past 3 years.

- 1) a. Legal Name of Firm and All DBA's. (If sole proprietorship, provide full name of sole proprietor.): _____
b. Address of Principal Office: _____
c. Phone Number: _____ Fax Number: _____ Website: _____
d. Type of Firm: ☐ Sole proprietorship ☐ Corporation ☐ Partnership ☐ Other (please explain) _____
e. List all states in which the firm operates: _____
- 2) Month/Year the firm was established under current ownership: _____
- 3) Principals Name and Title: _____ Year First Licensed as an Agent/Broker: _____
- 4) Number of Principals: _____ Number of Full Time Licensees: _____ Number of Part Time Licensees: _____

| Do Not Report Property Values | Past Fiscal Year Ending: / / | | Next Twelve Months Estimates | | |
|---|--------------------------------------|--------|-------------------------------|--------|--|
| | # Transactions (not sides) | Income | # Transactions (not sides) | Income | |
| a. Residential Sales in Commission | | \$ | | \$ | *Attach Details to questions 5c, 5d, 5e |
| b. Fee for Service | | \$ | | \$ | |
| c. Properties Constructed, Developed or Owned By the Firm, a Related Firm or Anyone in the Firm (not included in 5a)* | | \$ | | \$ | |
| d. Formation or Management of group Investments, Syndications, Trusts, and/or Partnerships* | | \$ | | \$ | |
| e. Other * | | \$ | | \$ | |

- 6) Average sale price of residential properties: \$ _____
- 7) Do you have any one client which represents more than 25% of the firm's income? ☐ Yes ☐ No
If YES, Explain: _____
- 8) Does your firm or any principal in the firm engage in any other professional or real estate related enterprise or practice? ☐ Yes ☐ No
If YES, Explain: _____
- 9) a. Percentage of transactions that included a signed property disclosure form: _____
b. Percentage of transactions that included Dual Agents: _____ %; Dual Agency: _____ %
- 10) Have any claims (including fair housing violations) been made against your firm, any predecessor firm or anyone indicated in Questions 3 or 4?
☐ Yes ☐ No; If YES, Attach 6 years of LOSS RUNS and a SUMMARY of each claim.
***If currently insured, please forward a copy of your current declarations page along with confirmation of the expiring retroactive date.**

I/we are a majority residential firm and agree that a claim nor an incident has ever been made against us and hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims-made basis. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

Name/Title: _____ Signature: _____ Date: _____

Insurance Agency Name: _____

Address: _____

Phone Number: _____

NOTE: The insurance coverage for which you are applying is written on a Claims-made Policy; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means a demand received by you for money or services arising out of a negligent act or omission in the rendering or failure to render professional real estate services. If you have any questions about the coverage, please discuss them with your insurance agent.

WARNING - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by applicant.) (For FL residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For LA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For ME residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines

Victor O. Schinnerer & Company, Inc. / Two Wisconsin Circle / Chevy Chase, MD 20815-7022 / PHONE: 301-961-9800 / FAX: 301-951-5444 / www.Schinnerer.com
Schinnerer Insurance Services
DBA in MA & AR



NEW BUSINESS QUICK APPLICATION

or a denial of insurance benefits.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

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|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>CNAC-125876970</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Continental Casualty Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
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| <i>Project Name/Number:</i> | <i>Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125876970 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2249
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Real Estate Professional Errors & Omissions Program
Project Name/Number: Discrimination and EPL Claims Limits of Liability Endorsement/2008F2249

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved 11/13/2008

Comments:

Attachment:

ar PCtransDoc_intelligent.pdf

Satisfied -Name: Forms Filing Memorandum

Review Status:

Approved 11/13/2008

Comments:

Attachment:

08F2249_102008_FFM Real Estate EPL.pdf

Property & Casualty Transmittal Document

| | |
|---|---|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes |
|---|---|

| | | | | | |
|-----------|------------------------|---------------------|---------------|---------------|----------------|
| 3. | Group Name | Group NAIC # | | | |
| 4. | Company Name(s) | Domicile | NAIC # | FEIN # | State # |
| | | | | | |
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| 5. | Company Tracking Number | |
|-----------|--------------------------------|--|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | | |
|-----------|---------------------------------------|--------------|---------------------|--------------|---------------|
| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
| | | | | | |
| | | | | | |
| 7. | Signature of authorized filer | | | | |
| 8. | Please print name of authorized filer | | | | |

Filing information (see General Instructions for descriptions of these fields)

| | | | | | |
|------------|---|---|--|----------|--|
| 9. | Type of Insurance (TOI) | | | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | | | | |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | | | | |
| 12. | Company Program Title (Marketing title) | | | | |
| 13. | Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) | | | |
| 14. | Effective Date(s) Requested | New: | | Renewal: | |
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 16. | Reference Organization (if applicable) | | | | |
| 17. | Reference Organization # & Title | | | | |
| 18. | Company's Date of Filing | | | | |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

Property & Casualty Transmittal Document—

| | | |
|-----|--|--|
| 20. | This filing transmittal is part of Company Tracking # | |
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] | |

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|--|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1

CNA Insurance

Real Estate Professionals Errors & Omissions Continental Casualty Company

Filing 08-F2249

Form Filing Memorandum

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|-----------|---------|---|
| GSL2770XX | (5-08) | Discrimination and Employment Practice Liability Claims Limits of Liability Endorsement |
| | | <i>This new, optional endorsement provides coverage for damages and claim expenses with respect to wrongful employment practice and wrongful discrimination claims, subject to the Discrimination Limits of Liability as set forth in the Declarations.</i> |
| GSL11485 | (10-08) | New Business Quick Application |